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## BIB DATA SHEET

CONFIRMATION NO. 4900

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/766,711	01/27/2004	424	1645	2479.0040003/EJH/C-K		
<b>RULE</b>						
<b>APPLICANTS</b> W. James Jackson, Mariottsville, MD; John L. Pace, Germantown, MD; <b>** CONTINUING DATA *****</b> This application is a CON of 08/942,596 10/02/1997 PAT 7,459,524 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/29/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PADMA BASKAR/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 16
<b>ADDRESS</b> Sterne, Kessler, Goldstein & Fox, P.L.L.C. 1100 New York Avenue, NW Washington, DC 20005 UNITED STATES						
<b>TITLE</b> Chlamydia protein, sequence and uses thereof						
<b>FILING FEE RECEIVED</b> 3746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		